

California Department of Corrections and Rehabilitation

*Community Resource
Directory Form*

CEO/EXECUTIVE NAME:

YEAR FOUNDED:

ORGANIZATION:

ADDRESS:

CITY:

STATE:

ZIP CODE:

WEB ADDRESS:

CONTACT PERSON:

EMAIL ADDRESS:

PHONE:

FAX NUMBER:

NO. OF EMPLOYEES/VOLUNTEERS:

REGION(S) SERVED

- | | |
|---|--|
| <input type="checkbox"/> Bay Area | <input type="checkbox"/> Riverside County |
| <input type="checkbox"/> Central CA | <input type="checkbox"/> San Bernardino County |
| <input type="checkbox"/> Los Angeles | <input type="checkbox"/> San Diego County |
| <input type="checkbox"/> Northern CA | <input type="checkbox"/> Orange County |
| <input type="checkbox"/> Statewide | <input type="checkbox"/> Nationwide |
| <input type="checkbox"/> Other (specify): | |

SERVICE(S) PROVIDED:

- | | |
|--|--|
| <input type="checkbox"/> Educational | <input type="checkbox"/> Mentoring |
| <input type="checkbox"/> Faith-Based | <input type="checkbox"/> Substance Abuse |
| <input type="checkbox"/> Family Support/Counseling | <input type="checkbox"/> Transitional (e.g. halfway house) |
| <input type="checkbox"/> Health Care | <input type="checkbox"/> Victim Services |
| <input type="checkbox"/> Housing | <input type="checkbox"/> Vocational |
| <input type="checkbox"/> Inmate / Ward | <input type="checkbox"/> Job Placement |
| <input type="checkbox"/> Mental Health Care | <input type="checkbox"/> Law Enforcement |
| <input type="checkbox"/> Other (specify): | |